

HUNTINGTON BEACH POLICE DEPARTMENT

JAIL UNIT

SENTENCE APPLICATION

APPLICANT'S NAME:

LAST

FIRST

MIDDLE

ADDRESS:#

STREET

CITY

STATE

ZIP

HOME PHONE NUMBER

WORKPHONE NUMBER

CELLULAR PHONE NUMBER

OTHER CONTACT NUMBER

DATE OF BIRTH

AGE

SEX

RACE

HAIR COLOR

EYE COLOR

HEIGHT

WEIGHT

STATE DRIVER'S LICENSE NUMBER

STATE OF LICENSE ISSUE

SOCIAL SECURITY NUMBER

OCCUPATION

EMPLOYER

EMPLOYER'S ADDRESS:

NUMBER

STREET

CITY

STATE

ZIP

NAME OF FAMILY MEMBER OR FRIEND TO CONTACT IN CASE OF AN EMERGENCY

RELATIONSHIP

TELEPHONE NUMBER

EMERGENCY CONTACT ADDRESS:

NUMBER

STREET

CITY

STATE

ZIP

CASE NUMBER

COURT OF SENTENCE

LENGTH OF SENTENCE

ARRESTING AGENCY

OFFENSE

ATTORNEY CONTACT : NAME

ATTORNEY PHONE #

ATTORNEY FAX:

NATURE OF THE SENTENCE: ☐ WORK RELEASE ☐ STRAIGHT TIME REQUESTED START DATE:

UNITED STATES CITIZEN: ☐ YES ☐ NO IF NO, RESIDENT ALIEN NUMBER:

DO YOU HAVE ANY MEDICAL PROBLEMS: ☐ YES ☐ NO

IF YES, PLEASES DISCRIBE:

ARE YOU TAKING PRESCRIPTION MEDICATION? ☐ YES ☐ NO

IF YES, NAME OF MEDICINE:

SIGNATURE OF APPLICANT: _____ DATE: _____

Print the Sentence Application, complete the application, and fax it to the HUNTINGTON BEACH CITY JAIL at fax (714) 536-5698.